 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/901,950	
	Filing Date	07/10/2001	
	First Named Inventor	Michael Kocheisen, et al.	
	Group Art Unit	2153	
	Examiner Name	Strange, Aaron N.	
Total Number of Pages in this Submission	12	Attorney Docket Number	2000-0623

Enclosures (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits / Declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition to the Commissioner
<input type="checkbox"/> Petition to Convert a Provisional Application
<input type="checkbox"/> Appointment on New Attorney, Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Additional enclosure(s) (please identify below) |
|---|--|---|

Remarks: In response to the Office Action dated 02/08/2005

CORRESPONDENCE ADDRESS

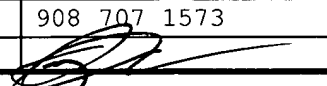
☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

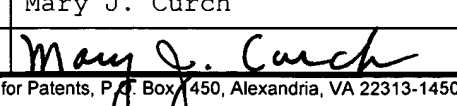
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. Room 2A-207 One AT&T Way				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America			FAX	908-532-1281

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908 707 1573		
SIGNATURE		DATE	04/14/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 04/14/2005

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PATENT
AT&T IDS NO.: 2000-0623

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael Kocheisen, et al.

Serial No.: 09/901,950

Filed: July 10, 2001

For: **SYSTEM AND METHOD FOR
PROVIDING ENHANCED
ACTIVATION FOR AUXILIARY
SERVICES**

Examiner: Strange, Aaron N

Art Unit: 2153

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 8, 2005, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.